

FOR OFFICE USE ONLY

FEES:	PERMIT _____	FILING _____	SA <input type="checkbox"/>	SUB <input type="checkbox"/>	MASTER <input type="checkbox"/>
	BCCO _____	FLDCA _____	Permit # _____		
	DBPR _____	TOTAL: _____			
	OTHER _____				



VILLAGE OF EL PORTAL

500 NE 87th Street
 El Portal, FL 33138
 PHONE 305-795-7880 FAX 305-795-7884

PERMIT APPLICATION

Date:	Property Folio: #18-
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Job Address:

Legal Description: Subdivision	Block	Lot	Size
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Owner/Lessee Name:	
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Owner Address: (if different than Job address)	Phone #
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CONTRACTOR INFORMATION

Name:	License #	Phone #
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Address:	Qualifier's name:
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Work Description:

Permit Type	BLDG <input type="checkbox"/>	ELEC <input type="checkbox"/>	PLUM <input type="checkbox"/>	MECH <input type="checkbox"/>	POOL <input type="checkbox"/>
AREA		SQ. FT.	Job Value	\$	

WARNING TO OWNER: Your failure to record a notice of commencement may result in your paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your notice of commencement.

Application is hereby made to obtain a permit to do work and installations as indicated above, and on the attached addendum (if applicable). I certify that all work will be performed to meet the standards of the laws regulating construction in this jurisdiction. I understand that separate permits are required for **Windows/Doors, Shop Drawings Electrical, Plumbing, Signs, Pools, Roofing & Mechanical Work.**

OWNER'S AFFIDAVIT: By signing this application, I certify that I am the legal owner of the above mentioned property and that all the information provided herein is accurate and true. Furthermore, I authorize the above named contractor to do the work stated under this application.

NOTARY SEAL AND VERIFICATION

<i>Signature of Owner</i> x	<i>Signature of Contractor</i> x
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The foregoing instrument was acknowledged before me under oath this ___ day of _____ 20___ by _____ who: () is personally known to me. () has produced a _____ as identification. State of Florida, County of Miami-Dade. NOTARY PUBLIC (SEAL) Notary signature:	The foregoing instrument was acknowledged before me under oath this ___ day of _____ 20___ by _____ who: () is personally known to me () has produced a _____ as identification. State of Florida, County of Miami-Dade. NOTARY PUBLIC (SEAL) Notary signature:
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PERMIT APPLICATION

TO ALL CONTRACTORS

Listed below is a list of requirements for obtaining permits.

1. Dade County O/L (or wherever business is located)
2. State License
OR
3. Certificate of Competency or Registration
4. Certificate of Insurance
 - A. Worker Compensation
AND
 - B. General Liabilities
5. If set of plans is required (plans review within one week)
 - A. Construction cost \leq \$100,000.00 . . . 60.00 per discipline
Construction costs \$100,001.00 to \$500,000.00 . . . 85.00/discipline
Construction costs \geq \$500,001.00 . . . 110.00/discipline
 - B. \$60.00 each reinspection fee

- ***PERMITS WILL BE ISSUED AFTER APPROVAL WITHING 2-3 BUSINESS DAYS.***
- ***PRODUCT APROVAL REQUIRED FOR ROOFING, WINDOWS, AWNING, ETC.***